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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Delta Dental of Arkansas
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health - Dental		
<b>Product Name:</b>	Group dental		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Delta Dental of Arkansas
Product Name:	Group dental
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	09/07/2012
SERFF Tr Num:	DDAR-128677251
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	

Implementation	
Date Requested:	
Author(s):	Sara Farris
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	09/10/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H10G Group Health - Dental/H10G.000 Health - Dental  
**Product Name:** Group dental  
**Project Name/Number:** /

**Filing Company:** Delta Dental of Arkansas

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type:  
Submission Type: Overall Rate Impact:  
Filing Status Changed: 09/10/2012  
State Status Changed: 09/10/2012  
Created By: Sara Farris  
Submitted By: Sara Farris  
Corresponding Filing Tracking Number:

### Filing Description:

A group is changing its Schedule of Benefits to remove one of subgroups from coverage.

## Company and Contact

### Filing Contact Information

Sara Farris, sfarris@ddpar.com  
1513 Country Club 501-992-1662 [Phone]  
Sherwood, AR 72120 501-992-1663 [FAX]

### Filing Company Information

Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas  
1513 Country Club Rd. Group Code: Company Type:  
Sherwood, AR 72120 Group Name: State ID Number:  
(501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

## Filing Fees

Fee Required? Yes  
Fee Amount: \$0.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

Company	Amount	Date Processed	Transaction #
Delta Dental of Arkansas	\$50.00	09/07/2012	62502513

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/10/2012	09/10/2012

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## Disposition

Disposition Date: 09/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	WS-DDAR-SOB-12F	Approved-Closed	Yes

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## Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/10/2012	WS-DDAR-SOB-12F	SCH	WS-DDAR-SOB-12F	Initial:	0.000	WS-DDAR-SOB-12F.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

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**Delta Dental PPO Plus Premier**

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**Schedule of Benefits for Windstream Corporation – IBEW204**

**Original Effective Date:** January 1, 2012 12:01 a.m. Central Standard Time,

**Group Number: 9620**

**Annual Deductible:** \$25 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$75 per family per benefit period. There is no deductible on Coverage A.

**Carry Forward Deductible:** If a charge is incurred for a covered service during the last three (3) months of any calendar year and is applied to the deductible for that year, such charge will also be applied to the deductible for the next calendar year.

**Annual Maximum Payment:**

- **In Network:** \$1,000 per person per benefit period
- **Out of Network:** \$1,000 per person per benefit period

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Coverages and Maximum Plan Allowances (MPA)**

**Coverage A – Diagnostic and Preventative Services**

**In Network 100% MPA  
Out of Network 100% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays two (2) sets of four (4) in a benefit period.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Intraoral-periapical x-rays.
- X-rays, except as mentioned elsewhere.
- Pulp vitality and bacteriological studies for determination of bacteriologic agents.
- Diagnostic casts.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.\* **Please see information on Evidence Based Dentistry.**

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

- Emergency palliative treatment to relieve tooth pain.
- Topical application of fluoride for dependent children to age nineteen (19), once in a twelve (12) month period.
- Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age fifteen (15) and limited to once per lifetime.
- Consultations, but not more than twice in a twelve (12) month period.
- Injections of therapeutic drugs.

#### **Coverage B – Basic Restorative Services**

**In Network 80% MPA  
Out of Network 80% MPA**

- Amalgam (silver) and composite/resin (white) fillings.
- Sedative fillings.
- Biopsies of hard or soft oral tissue.
- Oral surgery, including pre- and post-operative care and surgical extractions.
- Simple extractions.
- Root canal treatment.
- Periodontal maintenance, where periodontal treatment (including scaling, root planing, and periodontal surgery, such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four (4) times in any benefit period less the number of teeth cleanings received during such benefit period.
- Periodontal scaling and root planing, but not more than once per quadrant in any twenty four (24) month period.
- Full mouth debridements but not more than once per lifetime.
- Periodontal surgery, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one surgical procedure per quadrant in any twelve (12) month period. **\* Please see information on Evidence Based Dentistry.**
- Therapeutic pulpotomy (excluding final restoration).
- Pulp therapy.
- Apexification/recalcification.
- General anesthesia or intravenous sedation in connection with oral surgery and extractions.
- Re-cementing of cast restorations or dentures, but not more than one (1) in twelve (12) consecutive months.
- Adjustments of dentures, if at least six (6) months have passed since the installation of the denture, but not more than twice in a twelve (12) month period.
- Addition of teeth to a partial removable denture to replace natural teeth removed while this dental insurance was in effect for the person receiving such services.
- Simple repairs of cast restorations or dentures other than recementing.
- Occlusal adjustments, but not more than twice in a twelve (12) month period.

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**Coverage C – Major Restorative Services****In Network 50% MPA  
Out of Network 50% MPA**

- Initial installation of full or partial dentures or implants when needed to replace congenitally missing teeth or when needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this certificate.
- Replacement of a non-serviceable fixed denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of a non-serviceable removable denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of an immediate, temporary, full denture with a permanent, full denture, if the immediate temporary, full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full denture.
- Relinings and rebasings of existing removable dentures if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Initial installation of cast restorations.
- Replacement of any cast restoration with the same or a different type of cast restoration, but no more than one replacement for the same tooth surface within sixty (60) months of a prior replacement.
- Prefabricated stainless steel crown or prefabricated resin crown, but no more than one (1) replacement for the same tooth surface within five (5) years.
- Core buildup, but no more than once per tooth in a period of sixty (60) months.
- Posts and cores, but no more than once per tooth in a period of sixty (60) months.
- Labial veneers, but no more than once per tooth in a period of sixty (60) months.
- Implant supported cast restorations, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported fixed dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported removable dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning, but not more than twice in a thirty six (36) month period.

**Rider(s)****Child Orthodontic Rider – Orthodontic Services  
Lifetime Maximum Payment : \$1,000****In Network 50% MPA  
Out of Network 50% MPA****Children are covered up to age 26.****Adult Orthodontic Rider – Orthodontic Services  
Lifetime Maximum Payment : \$1,000****In Network 50% MPA  
Out of Network 50% MPA**

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan, unless in the case of a take over group. Please refer to the Ortho Rider.

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**Temporomandibular Joint Disorder**

Non-surgical treatment of temporomandibular joint (TMJ) disorders. Services include appliance and x-rays related to the treatment and diagnosis of TMJ.

**Lifetime Maximum Payment: Included in Orthodontic Lifetime Maximum Payment**

**(\*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

*Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.*

*Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com).*

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Flesch Certification	Approved-Closed	09/10/2012
Bypass Reason:	n/a		
Comments:			

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	09/10/2012
Bypass Reason:	n/a		
Comments:			